



# Caring for Rural Veterans

Office of Tribal Government Relations

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**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century

# About Rural Veterans



- There are approximately 22 million Veterans living today with nearly 30 percent (6.1 million) residing in rural areas (defined by US census).
- Currently there are 3.4 million rural Veterans enrolled in the VA system. This represents 41% of the total enrolled Veteran population.
- Men and women from rural and highly rural areas make up a disproportionate share of service members and comprise about 39% of the enrolled Veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom (OEF/OIF) and Operation New Dawn (OND); many of these soldiers are returning to their rural communities.

# More About Rural Veterans...

- Enrollment of rural Veterans into the VA health care system has increased 15% since 2006
- The geographic regions with the largest rural Veteran enrollment into the VA health care system include almost the entire South Eastern and South Central United States as well as the Upper Midwest.
- Nearly half of enrolled rural Veterans are between the ages of 55 and 74. Approximately 26% are 75 years of age or older. As a group, they are older than their urban counterparts.
- The current projected percentage of U.S. Veterans who are women is more than 8%





# Rural Veteran Health Care Needs



- Rural Veterans report lower health-related quality of life scores and they experience a higher prevalence of physical illness than their urban counterparts.
- Research indicates that about 1 in every 4 or 5 Veterans will return from war with some serious mental illness.
- Many Veterans have unique health conditions associated with combat including mild Traumatic Brain Injury (TBI), Posttraumatic Stress Disorder (PTSD), and amputation.

- The five most common diagnosis in rural Veterans seen as an outpatient include:
  - Hypertension
  - Diabetes Type II
  - Hyperlipidemia
  - PTSD
  - Depressive Disorder

# Rural Veteran Health Care Challenges

- Distance to care
- Transportation
- Lack of specialty care
- Older, poorer, sicker population
- Lack of mental health care providers
- Difficulty in recruitment and retention of providers to rural areas
- Rural Veteran understanding of VA eligibility and benefits



# Rural Veteran Health Care Challenges

- Lack of community provider training in treating conditions associated with military service
  - 56 % of community providers do not ask their patients about military service\*
  - Although VA is a national leader in provider training, only 1/3 of community providers trained in VA\*
  - Community providers report less knowledge in treating PTSD, TBI and substance abuse /dependence than in treating depression, suicide or family stress issues\*
  - Rural community providers feel significantly less knowledgeable and confident than urban providers in treating depression (26% vs. 16%), substance abuse/dependence (26% vs. 15%) and suicide (37% vs. 24%) than their urban counterparts (Kudler, 2011)
  - Rural providers are significantly less confident about treating PTSD than their urban counterparts (51% vs. 34%)

\* *Serving those who have served – A Web-based survey of Mental Health and Primary Care Professionals – Final report from the Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences and the Rural Health Program in the VA Mid-Atlantic Health Care Network*

# VHA Office of Rural Health (ORH)

- Established in 2007 to improve access and quality of care for enrolled rural and highly rural Veterans.
- ORH Organizational Structure
  - Headquartered in Washington DC. The Director and staff direct National ORH activities and communications as well as oversee the budget and performance of all ORH-funded programs across the VA system.
  - Three Veterans Rural Health Resource Centers, located in Gainesville, Florida; Salt Lake City, UT; and Iowa City, IA, serve as field based laboratories that conduct studies as well as implement and evaluate innovative models of health care delivery.
  - Twenty-one rural consultants oversee rural health programs in their geographic area of responsibility.



# Office of Rural Health (ORH) Mission

Improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support their unique needs.

- Collaborate with VA program offices, other Federal and state partners and rural health communities to build partnerships.
- Engage in studies and analyses and promulgate best practices.
- Translate research and best practices into policy and measurable impacts.



# Veterans Rural Health Resource Centers

- **Eastern Region** – This Center’s focus is on telehealth and distance technology to increase access to specialty care; provider training and education; program evaluation and geographical needs assessment. Selected initiatives include:
  - In home-telerehabilitation for neurological conditions
  - Rural health training programs for Pharm D’s, Psychologists, Psychiatrists, Nurse Practitioners, Allied Health Professionals and Medical Students
  - GeoSpatial Outcomes Division (GSOD)
- **Western Region** –The Western Region Center’s focus is on Geriatrics, Native Veterans and Collaboration and Outreach to rural Veterans. Selected initiatives include:
  - Rural Native Veteran Telehealth Collaborative Education and Consultation Service
  - Rural Veteran Outreach Initiative
- **Central Region** –This Center’s focus is on assessing clinical needs of rural Veterans through qualitative methodology (interview and focus groups); assessing barriers to care and evaluating innovative models of care. Selected initiatives include:
  - Remote Delivery of Cardiac Rehabilitation
  - Colorectal Cancer Screening Initiative

# ORH Initiatives



- Since 2009, ORH has expended just over \$750 Million to increase access to and quality of health care for rural and highly rural Veterans
- Major initiatives have been in the areas of:
  - Telehealth and Health Information Technology
  - Mental Health and Homelessness
  - Establishment of rural community – based outpatient clinics and outreach clinics
  - Rural Veteran Outreach
  - Geriatrics
  - Rural provider training and education
  - Transportation
  - Contract care pilot program Project ARCH (Access Received Closer to Home)

# Native American Accomplishments

- Native American Telehealth Best Practice: Northern Plains PTSD Telehealth services program is offered on rural reservations.
  - Currently 8 clinics serving over 14 Tribes in Montana, Wyoming, Nevada, North & South Dakota, and Utah from the Denver VA Medical Center with a rural funded psychiatrist with plans to open additional PTSD tele-mental health clinics.
- April 2010: CBOC opened in Wagner, SD (funded by ORH).
- Native American Home Based Primary Care Best Practice: Expanded home based primary care into rural areas working with Indian Health Service and 14 Reservations nation-wide.
  - Increased provision of cost-effective long term care with respect to Veteran's preferences to remain in a home setting by expanding the program to the Pine Ridge/Hot Springs Reservation.

# Contact ORH

UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS

VHA OFFICE OF RURAL HEALTH (ORH)

Welcome to the  
**VHA Office of Rural Health**  
*Using Innovation and Technology to Improve Access and Quality*

**HIGHLIGHTS**

**NEW! Building Blocks for Cultural Integration in the Development and Establishment of Rural VA Telemental Health Clinics for Native Veterans**

This document presents a short overview, suggestions and tips for setting up, operating and maintaining Telemental Health (TMH) Clinics, in the form of a live interactive videoconferencing, for rural Native Veterans located on American Indian lands or reservations, Alaska Native Corporations and communities, and Native Hawaiian and Pacific Islander lands and communities.

Templates, trainings and slides are available to assist in the creation of agreements and collaborations, and operation of clinics. [Learn more](#)

**NEW! Serving Those Who Have Served: Educational Needs of Health Care Providers Working with Military Members, Veterans, and their Families**

This is the final report generated from a web-based survey of 327 rural and urban mental health and primary care community providers that was funded by the VHA Office of Rural Health and carried out in partnership with the VHA's Mental Health Research, Education and Clinical Center (MRECC).

Read about the survey findings and recommendations. [Learn more](#)

**ORH STRATEGIC PLAN**

The Office of Rural Health has released its Strategic Plan Refresh, Fiscal Years 2012-2014. Each of the six ORH strategic goals have been updated with broadly agreed upon initiatives and associated action items that provide a path forward for ORH to continue to succeed in its mission. [Learn More](#)

**FACTS**

**NEW! Did you know that the VA has reimbursed eligible Veterans for their travel to receive health care at VA facilities since the late 1970's?**

The January ORH Fact Sheet focuses on travel reimbursement and the effects of the VA's 2008 reimbursement rate increase on health care utilization. This issue also touches on the role of telestroke care in rural hospitals.

**NEWS - EVENTS**

**NATIONAL CALL CENTER**  
1-877-4AID-VET  
1-877-424-3838

**NEW! VA HUD: Homelessness among Veterans Declines 12% in 2011**

WASHINGTON - The Departments of Veterans Affairs and Housing and Urban Development today announced that a new national report shows that homelessness among Veterans has been reduced by nearly 12 percent between January 2010 and January 2011. The 12 percent decline keeps the Obama Administration on track to meet the goal of ending Veteran homelessness in 2015.

Since 2009, working with over 4,000 community agencies, VA and HUD have successfully housed a total of 33,397 Veterans in permanent, supportive housing with dedicated case managers and access to high-quality VA health care. [Learn More](#)

**IN THE NEWS**

**www.MakeTheConnection.com** is a one-stop resource where Veterans and their families and friends can probably explore information, watch stories similar to their own. Veterans and their families can find support, information, and easily access support instrumental to a more fulfilling life.

**ORH Supports Veteran Students at Western Iowa University**

To learn more, visit [Center for Military/Academic Transition and Health now open](#) from The McDonough County Voice.

**Veterans Rural Health Resource Center**

Field offices were established in 2008 to assist in the mission of improving access and quality of care. Today the Eastern, Central, and Western Resource Centers are a new and very welcome addition to the web site.

You will find information about each Center's focus, staff and ongoing initiatives all aimed at helping rural veterans. [Visit the Resource Centers](#)

**ORH**  
VHA Office of Rural Health

About 3.3 million Veterans (about 41% of total) enrolled in the VA Health Care System live in rural or highly rural areas of the country. Men and women Veterans from geographically rural areas make up a disproportionate share of service members and comprise about 30% of the enrolled Veterans who served in Iraq and Afghanistan, many of who are returning to their rural communities. In order to better serve rural Veterans, the VA created the Office of Rural Health in 2007.

**VHA Facilities and Service Locator**  
VA Voluntary Services VHA Office of Health Information Office of Rural Health Office of Care Coordination Services  
Telehealth Services and Telestroke Care Telestroke Care Telestroke Care Center for Veterans Veterans  
Women Veterans Health Care

- ORH website
  - [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov)
- ORH rural health mailbox inquiry
  - [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov)
- Join the ORH mail list to receive updates and the Quarterly Newsletter
  - <http://www.ruralhealth.va.gov/subscribe.asp>

**Mary Beth Skupien, Ph.D.**  
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# VISN 16 Rural Health



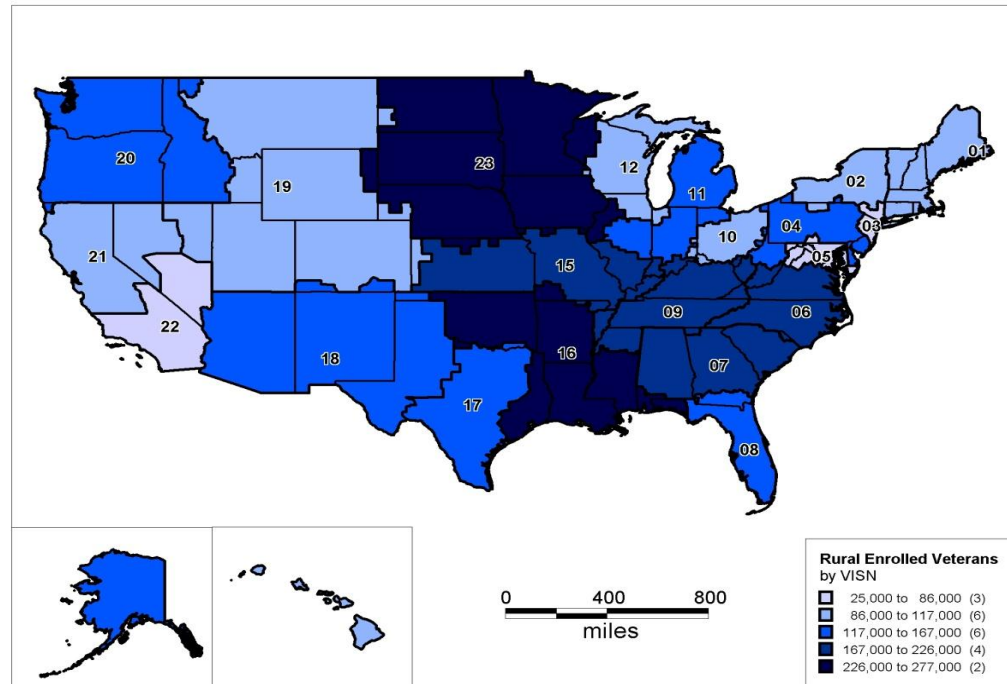
# VISN 16 Rural Consultant (VRC)

- Kelly Duke serves as the VRC for VISN 16.
- She is a medical anthropologist with over 10 years of public health experience.
- She has worked with the VISN 16 Distance Health Program since 2008.

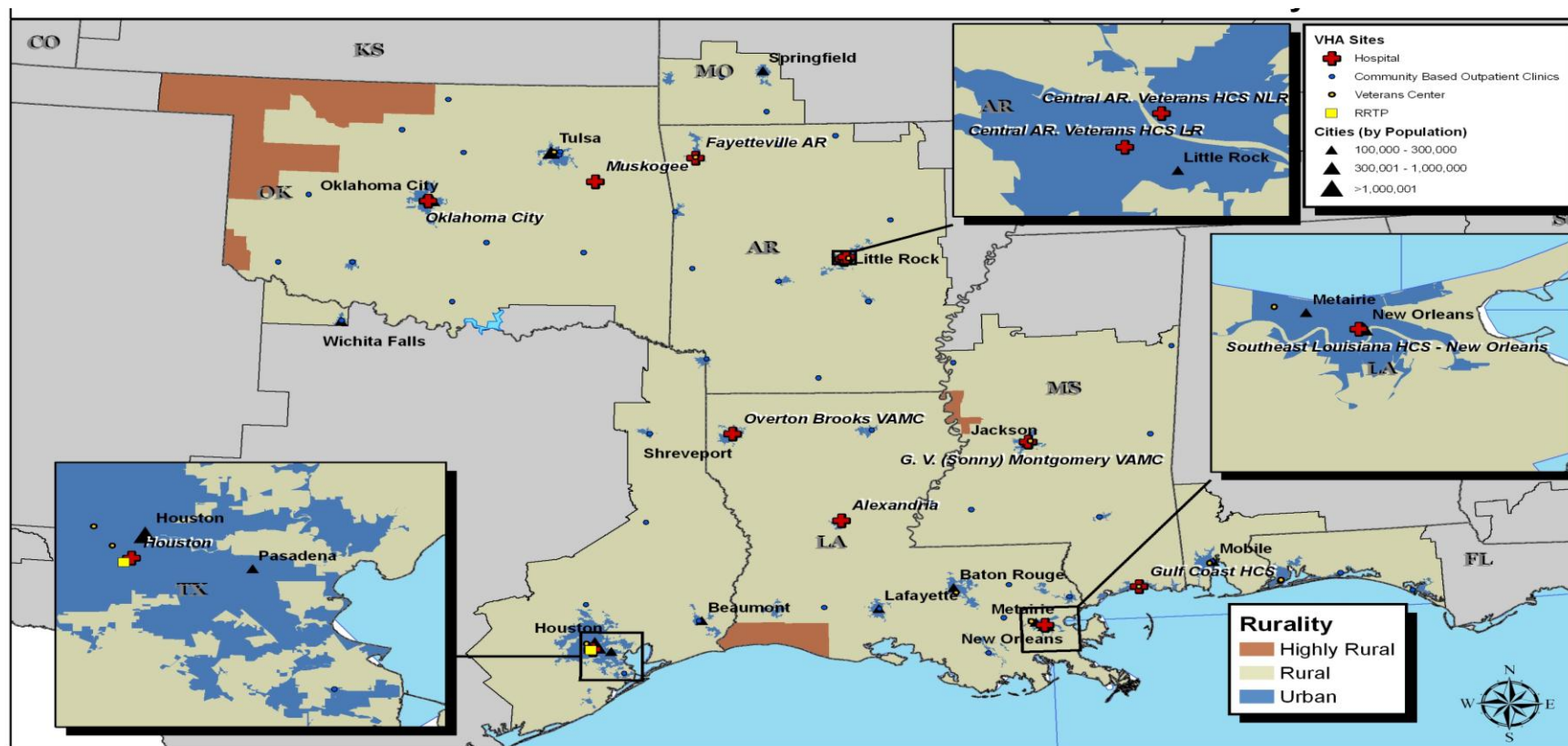


# VISN 16 Rurality

- Of the 590,000 enrollees in VISN 16, over half of those enrollees live in a rural area.
- VISN 16 has the largest numbers of OEF/OIF veterans (over 9%), with many returning to rural areas.
- VISN 16 has the lowest per capita income; 9% are at or below the poverty level.
- 1 of every 4 Veterans treated by VISN 16 are ethnic minorities (i.e., African-American, Native American and growing population of Hispanic Americans).



# VISN 16: South Central VA Health Care Network - Rurality



ADUSH/PP & PSSG Produced By: CLR



# VISN 16 Highly Rural Counties

OKLAHOMA	MISSISSIPPI	Louisiana
Beaver	Issaquena	Cameron
Harper		
Grant		
Ellis		
Dewey		
Roger Mills		
Harmon		

# FY 09-12 VISN 16 Rural Health Initiatives

- Tele-retinal Imaging Program Expansion
- Virtual Tumor Boards
- Rural CBOC Real-time and Store-and-Forward Telehealth Stations
- Rural Women's Health
- Telehealth programs (i.e., tele-wound and tele-hospice care)
- Veteran Drug Courts
- HBPC Expansion
- Care Coordination Home Telehealth Expansion
- Medical Foster Homes
- Veteran Asset Mapping



# FY 12 Funded ORH Projects

Project	Location
Rural Native American Veteran Outreach	Jackson, MS
Rural Community Based Outpatient Clinic Support	Throughout VISN
HBPC Expansion for Vinita and Hartshorne	Muskogee, OK
Improving Cancer Care for Rural Patients with Malignancy	Houston, TX
Biloxi Rural Access and Home Telehealth Expansion	Biloxi, MS
Improving Access to Sleep Medicine Care Using Telehealth	Houston, TX
E-RANGE Muskogee	Muskogee, OK
Bringing Patient Centered Care through Healthcare, Empowerment & Respect to the Veteran	Jackson, MS
MIRECC Clergy-Mental health Partnership to Improve Care for Rural Veterans	Little Rock, AR
Overton Brooks HBPC	Shreveport, LA

# VISN 16- Native American Rural Outreach



Choctaw Soldiers in training in World War I for coded radio & telephone transmissions.



# Identified Needs

- Identified that Native American Veterans would benefit from services offered by Home Based Primary Care (HBPC).



Wounded Choctaw soldier in World War I, U.S. National Red Cross Hospital No. 5, Auteuil, France.

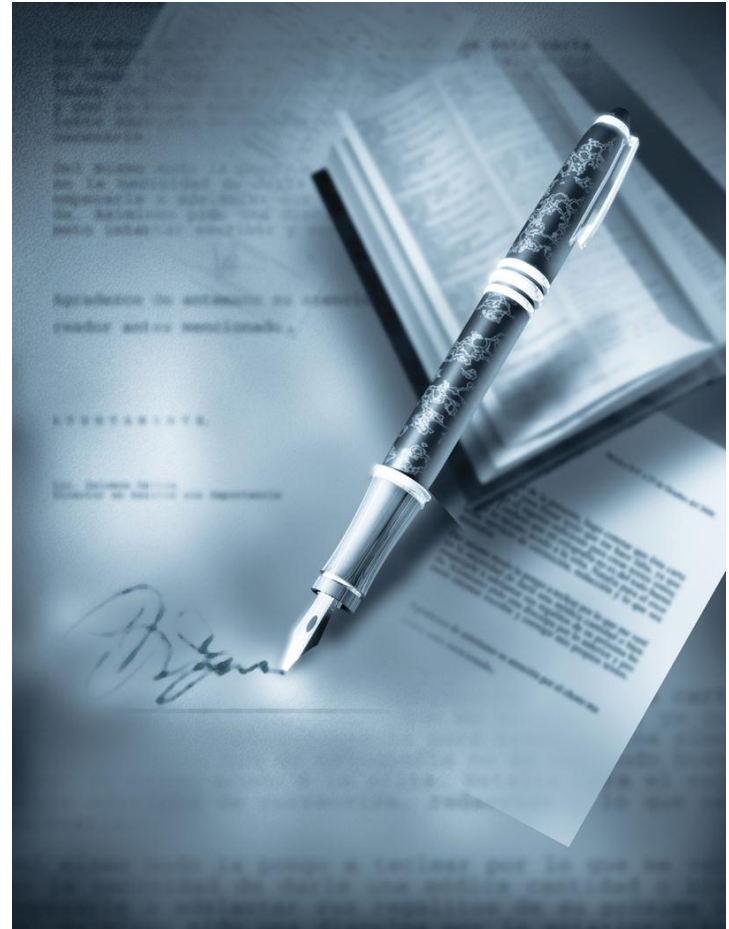
# Objectives

- Improve communication/network between Veteran Affairs (VA), Native American Veterans and Tribal Leaders.
- Promote knowledge regarding services offered via VA medical center and HBPC.
- Build trust and improve Veteran/family knowledge of health promotion.
- Promote safety in the home (medication, home/fire, prevention of injury, emergency preparedness).
- Improve access to care.



# First Steps

- Wrote a Proposal and received funding for expanding HBPC services for Native American Veterans
- Collaboration with Indian Health Service (IHS)
- Developed -Letter of Agreement - MOU





# MISSISSIPPI BAND OF CHOCTAW AND JACKSON VAMC



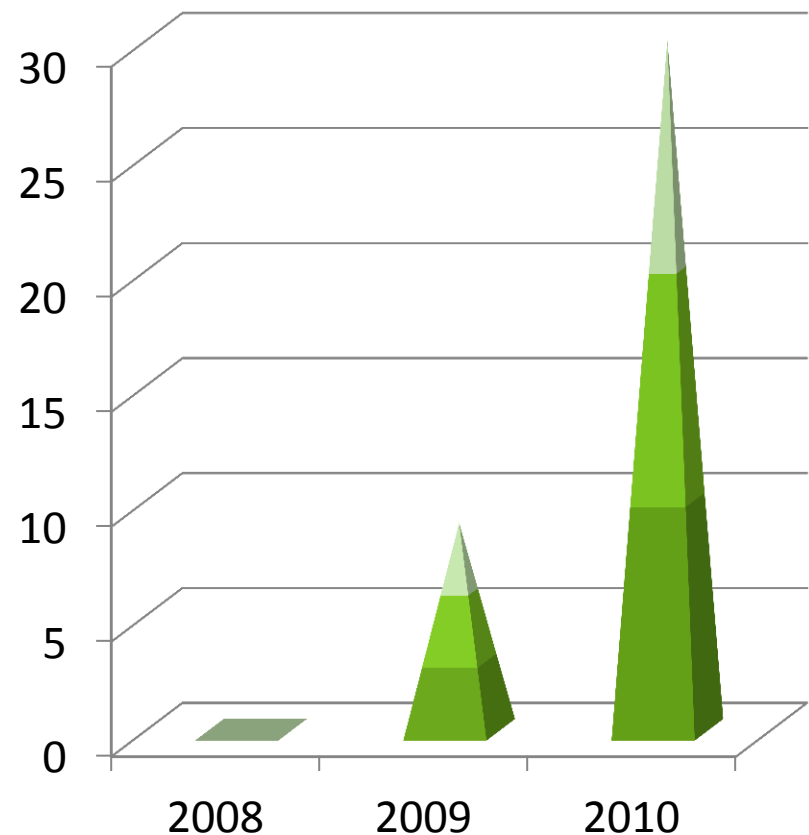


# Reviewed Past Events

Evaluated response from outreach activities.

Asked to participate in additional projects.

Established meetings with medical personnel at the Choctaw Health Clinic.



# Outreach Initiatives

- Establishment of American Legion on Choctaw Reservation: Supporting collaboration between VA, Veterans Service Officer and Native American Veterans.
- Implemented a Palliative Care Training Program and Clinical Video Telehealth: Ensuring increase capacity through joint training and workforce development.
- Flu Shot Drive: Promoting patient-centered collaboration and facilitating communication among VA, Veterans and Choctaw Health Center professional staff.



# Outreach Initiatives



- Partnership with Mississippi Insurance Commission and Mississippi State Fire Marshals: Supporting sharing of resources for installation of free smoke detectors for Choctaw Native American Veterans
- Compensation & Pension (C&P) exams offered at the Choctaw Reservation: Supporting appropriate resources are utilized to provide quality care for Native American Veterans.
- It does take a team.

# Summary

- Rural health project has been successful as evidenced by;
  - Collaboration with IHS.
  - Enrollment of Native American Veterans in HBPC.
  - Number of outreach activities attended.
  - Ability to provide quality care for our Veterans.





# Summary Rural Telehealth

- Technology can be a powerful facilitator of care for rural Veterans
- Thus far, preliminary findings demonstrate there is a level of patient satisfaction with the use of rural Telehealth technologies (Shore et al. 2010)
- We are at a critical juncture in development and adaptation of programs and need to evaluate the success of modalities & programs
- Need to work as a team and across programs/disciplines to provide Telehealth services that meet the needs of rural Veterans
- We need to be thoughtful about which models we select and adapt
- If we do this correctly there is a tremendous potential to improve quality and access to care for rural Veterans and underserved Veteran populations
- We need to account for the diversity in rural Veterans, their communities and environments



# VISN 16 Contact Information

For further information please contact:

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